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Application Number 10/688,367

Filling Date October 17, 2003

First Named Inventor Wayne Cohen

Art Unit 2837

To be assigned

Examiner Name

Attorney Docket Number

ATTORNEY WITH

NEW POWER OF ATTORNEY

AND

CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. **OR** I hereby appoint the practitioners associated with the Customer Number: 30873 V Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 30873 OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3,71, ~ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Wayne Cohen Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one *Total of forms are submitted.

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